

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 306985.01																								
Application Number 10/790,602		Filed March 1, 2004																								
For RECALL DEVICE																										
Art Unit 3766	Examiner Bertram, Eric D.																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;"></th> <th style="text-align: center;">Fee</th> <th style="text-align: center;">Small Entity Fee</th> <th style="text-align: right; width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$55</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$215</td> <td style="text-align: right;">\$450.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$490</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$765</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1040</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number <u>50-0463</u>. I have enclosed a duplicate copy of this sheet. </p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>41,398</u>. <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____.</p> <hr style="width: 100%; border: 0; border-top: 1px solid black; margin-top: 10px;"/> <p style="text-align: center; margin-bottom: 0;">/ Aaron C. Chatterjee /</p> <p style="text-align: center; margin-top: 0;">Signature</p> <hr style="width: 100%; border: 0; border-top: 1px solid black; margin-top: 10px;"/> <p style="text-align: center; margin-bottom: 0;">Aaron C. Chatterjee</p> <p style="text-align: center; margin-top: 0;">Typed or printed name</p> <hr style="width: 100%; border: 0; border-top: 1px solid black; margin-top: 10px;"/> <p style="text-align: right; margin-bottom: 0;">October 23, 2007</p> <p style="text-align: right; margin-top: 0;">Date</p> <hr style="width: 100%; border: 0; border-top: 1px solid black; margin-top: 10px;"/> <p style="text-align: right; margin-bottom: 0;">(425) 647-6574</p> <p style="text-align: right; margin-top: 0;">Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted</p>				Fee	Small Entity Fee		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$55	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$215	\$450.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$490	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$765	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1040	\$ _____
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